NORTH DAKOTA TITLE V PERMIT TO OPERATE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN52858 (04/01)

Sources required to obtain a permit under Section 33-15-14-06, "Title V Permit to Operate," of the North Dakota Air Pollution Control Rules, must complete and return this application. Applications are incomplete unless all applicable information requested herein is supplied. Failure to supply any additional information requested by the permitting authority to enable it to act on the application may result in denial of this application. Please see the instructions for additional information on how to complete this application package. If there is additional information that will not fit in the space provided, include it as an attachment.

SECTION A - GENERAL APPLICATION INFORMATION

Completion of this section is mandatory for all applicants, although certain fields may not apply to all sources.

Type of permit for which application is made (Check one):

Initial_____ Minor Permit Modification_____ Significant Modification_____

For Modifications Only:

Current Operating Permit Number _____

Expiration date of current operating permit _____/_____/_____

For Agency Use Only: Application Tracking #_____

Plant Description

List of all processes and products for normal operation:

Process	Products

List the 2-digit Standard Industrial Classification code (Major Group) that best describes the processes and products associated with the source:

_____

Description of Major Group associated with this 2-digit SIC code:

_____

Other standard industrial classification codes (2-digit) for support facilities at the major source:

_____ _____ _____

Operations Commenced Date

Date operations commenced for new sources or modifications:

_____/_____/_____

General Permit Summary Information

Complete this section only if this application is for coverage under a GENERAL PERMIT or if general permits already issued cover one or more emissions units at the source. See Section B for information on how to assign emission point numbers.

Emissions Unit_____

General Permit Name_____

Status (Check one): Applying for_____ Issued_____

If issued, indicate: Expiration Date: ____/____/_____ Number _____

Emissions Unit_____

General Permit Name_____

Status (Check One): Applying for_____ Issued_____

If issued, indicate: Expiration Date: ____/____/_____ Number _____

Are alternative operating scenarios for any emissions units included with this application?

YES____ NO____ (If yes, also complete Sections J and K of this application)

General Facility Information

Facility Name_____

Address_____ City_____

State_____ Zip_____-_____ County_____

Facility Location (UTM coordinates and UTM zone):_____

(Legal Description to nearest 1/4, 1/4):_____

Contact: (Last)_____ (First)_____ (MI)____

Title:_____

Telephone (_____)_____-____ Ext.____ Fax (____)_____-____

Owner(s)

Name_____

Address_____ City_____

State_____ Zip_____-_____ Telephone (_____)_____-_____ Ext._____

Name_____

Address_____ City_____

State_____ Zip_____-_____ Telephone (_____)_____-_____ Ext._____

Operator(s)

Name_____

Address_____ City_____

State_____ Zip_____-_____ Telephone (_____)_____-_____ Ext._____

Name_____

Address_____ City_____

State_____ Zip_____-_____ Telephone (_____)_____-_____ Ext._____

Responsible Official

Name_____

Title_____

Address_____ City_____

State_____ Zip_____-_____ Telephone (_____)_____-_____ Ext._____

Fax (____)_____-_____

Certification of Truth, Accuracy and Completeness

Note: This certification must be signed by a responsible official (see instructions). Applications without a signed certification will be returned as incomplete.

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application are true, accurate and complete.

Name (typed)_____

(Signed)_____ Date:____/____/___

SECTION B - RELATIONSHIP BETWEEN EMISSION UNITS AND EMISSION POINTS

This section is used to identify the relationship between emission units and emission points and to assign unique numbers to each emission point for identification purposes. Complete one of these forms for each emissions unit (process unit) at the facility, except for exempted units listed in Section E.

Emissions Unit

Emissions unit name_____

Emissions unit description_____

Emission Points

Complete one set of the following for each emission point or group of emission points at each emission unit identified above. See instructions for additional information on how to assign emission point numbers. Also see instructions for a description of how to number or identify alternative operating scenarios.

For example, a facility may have two emissions units, one has two emission points and one emissions unit has a single emission point; the two points at the first unit would be numbered 1 and 2 and the single one at the other unit would be numbered 3. Also, if the two emission points at the first unit are similar to each other and a description of one would work for both, or if the emissions can be reported together in later sections, then only one set of fields defining emission point identifying information would need to be completed and the emission point number field could be entered as "1-2"; otherwise, one set of fields would have to be entered for each emission point.

Emission point number(s)_____ Alternative scenario identifier_____

Emission point(s) description_____

Emission point number(s)_____ Alternative scenario identifier_____

Emission point(s) description_____

Emission point number(s)_____ Alternative scenario identifier_____

Emission point(s) description_____

SECTION C - PROCESS DESCRIPTION

Fill out this section to describe the processes associated with each emissions unit identified in Section B.

Emissions Unit_____

Process Equipment

Description_____ Make_____ Model_____

Raw Material/Fuels_____ Product_____

Operating Schedule

Are you agreeing to a limit on the operating schedule for this unit? YES_____ NO_____
(If yes, show limitations on operating schedule below. If no, show normal operating schedule)

Hours/Day____ Days/Week____ Weeks/Year____

Seasonal Variation (%): Jan-Mar_____.____ Apr-Jun_____.___
Jul-Sep_____.____ Oct-Dec_____.___

Production Rate (Throughput)

Are you agreeing to a limit on the production rate for this unit? YES_____ NO_____
(If yes, show limitations on production rate below. If no, show maximum design production rate)

Quantity/Hour_____.____ Quantity/Week_____.____

Quantity/Year_____.____ Units of Quantity (tons,btu,gal,etc)___

Applicable Requirements

Generally describe all applicable requirements [e.g., SIP, NESHAP, PSD, NSPS, etc.)

Cite the applicable requirement_____

Generally describe the compliance terms required by the applicable requirement [e.g., monitoring, recordkeeping, and reporting]_____

Applicable emission standard_____._____ Units_____

Air Pollution Control Equipment

If air pollution control equipment is not required by the applicable requirement described above, are you agreeing to a limit on potential to emit based on the presence of air pollution control equipment?:

YES_____ NO_____

Device Type (scrubber, absorber, precip., etc.)_____

Control Efficiency (%)_____._____

Estimation Method_____

Ambient Impact Assessment Information

Complete for each emission point associated with the emissions unit for which this section is being completed.

Emission point number(s)_____

Stack Height (ft)_____._____ Stack Diameter (ft)_____._____

Stack Temp (EF)_____._____ Stack Flow Rate (ACFM)_____._____

Stack Base UTM coordinates (X,Y,Z) and UTM Zone_____

Sketch of plant layout which includes building dimensions and relative location(s) of stacks (a blueprint or other drawing can be attached in lieu of a sketch):

SECTION D - EMISSIONS DATA, POINT SOURCES

Use this form to show the emissions (based on potential to emit) of each air contaminant subject to regulation that is emitted from each emission point or group of points described in Section B. Fugitive (nonpoint) emissions should be listed in Section E.

Whether an operating permit is required is based on the "potential to emit" of air contaminants. Potential to emit is based on the maximum capacity to emit of a facility under its physical and operational design with consideration for enforceable limits on production rates and/or the operation schedule (as specified in Section C). The emissions calculations must also be provided.

Emissions point number(s)____________________

Air Contaminants Subject to Regulation

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

Air Contaminant____________________

CAS Number__________ Emissions (tons/year)__________ (lb/hr)_____.___

SECTION E - EMISSIONS DATA, FUGITIVE SOURCES

Use this form to show fugitive (nonpoint) emissions from each fugitive emissions source at the facility. Fugitive emissions are emissions which are not vented through a well defined stack. Emissions calculations must also be provided (use a separate sheet for each fugitive emissions source).

Fugitive emission source______________________________________

Description______________________________________

____

Air Contaminants Subject to Regulation

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

Air Contaminant______________________________________

CAS Number____________ Emissions (tons/year)__________ (lb/hr)_____._____

SECTION F - INSIGNIFICANT UNITS

Complete this section only if insignificant units specified in Subsection 33-15-14-06.4 of the North Dakota Air Pollution Control Rules clearly apply to the emission unit(s) at the source. See the Section F instructions for more information regarding insignificant units.

Insignificant Unit Based on Emissions Levels

Emission Unit(s) Description_____

Potential Emissions Level_____

Units (lbs/hr, tons/yr)_____

Regulated Air Contaminant_____

Pollutant (for which the source is major)_____

CAS Number_____

Note: An emissions unit that has the potential to emit less than 0.2 ton/yr (400 lb/yr) of a criteria pollutant or 0.05 ton/yr (100 lb/yr) of an air toxic pollutant need not be addressed in the permit application.

SECTION G - COMPLIANCE SCHEDULE AND PLAN

Name of Company		
Person Submitting Compliance Schedule and Plan Review	Title	Telephone Number
Owner/Official to Contact on Compliance Schedule and Plan	Title	Telephone Number
Mailing Address (Number & Street)	City & State	Zip Code

Part 1.

Compliance status with respect to all applicable requirements effective at time of permit issuance:

Will your facility be in compliance with all applicable requirements at the time of permit issuance and continue to comply with these requirements:

Yes_____ No_____ (If yes, go to Part 2.; if no, complete a-d below for each requirement for which compliance is not achieved.

a. Identify applicable requirement for which compliance is not achieved:

b. Narrative description of how compliance will be achieved with this applicable requirement:

c. Detailed schedule of compliance:

ACTION	DATE EXPECTED

d. Frequency for submittal of progress reports (6-month minimum)_____

Starting date for submittal of progress reports_____/_____/_____

Part 2.

Compliance status with respect to all applicable requirements effective after permit issuance (future - effective requirements):

Will your facility be in compliance with all applicable requirements taking effect during the term of the permit or meet such requirements on a timely basis?

Yes_____ No_____ (If no, complete a and b below for each requirement for which compliance is not expected.)

a. Identify applicable requirement that you expect will not be compiled with:

b. Detailed schedule leading to compliance:

ACTION	DATE EXPECTED

Signed_____

Date_____

SECTION H - COMPLIANCE CERTIFICATION (METHOD OF COMPLIANCE)

Complete the following information for each applicable requirement that applies to each emissions unit at the source.

PART 1. EMISSION POINT NUMBER_____

Compliance Method Type	Compliance Method is Based On:
~ Monitoring ~ Recordkeeping	~ Compliance Assurance Monitoring (CAM) ~ Applicable Requirement ~ Gap-Filling Requirement

PART 2. REFERENCE TEST METHOD

Reference Test Method Description
Reference Test Method Citation

PART 3. MONITORING

Monitoring Device Type	Monitor Location Description
~ Stack Test ~ Parameter Monitoring ~ CEM ~ Ambient	
Regulated Air Pollutant Being Monitored	
Generally describe the frequency and duration of sampling and how the data will be reported. (Example: every 15 minutes, 1 minute instantaneous readings are taken to produce an hourly average.)	

PART 4. RECORDKEEPING

Data (Parameter) Being Recorded	Frequency of Recordkeeping (how often data recorded)

PART 5. REPORTING

Generally Describe What is Reported	
Beginning Date (Month, Day, Year)	Frequency of Reporting (every 6 months, quarterly)

SECTION I - COMPLIANCE CERTIFICATION

This section is completed once per application (not once for each emissions unit) with respect to all applicable requirements at the source.

PART 1. SCHEDULE FOR SUBMISSION OF COMPLIANCE CERTIFICATIONS DURING THE TERM OF THE PERMIT

Frequency of Submittal	Date Beginning (Month, Day, Year)

PART 2. STATEMENT OF COMPLIANCE WITH COMPLIANCE ASSURANCE MONITORING (CAM) AND COMPLIANCE CERTIFICATION REQUIREMENTS

The air contaminant source identified in this application is in compliance with applicable monitoring and compliance certification requirements?

~ Yes
~ No - Describe below which requirements are not being met:
~ Not applicable.

PART 3. CERTIFICATION OF COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS

This certification must be signed by a responsible official. Forms without a signed certification will be returned as incomplete.

Except for requirements identified in Compliance Schedule and Plan (Section G) for which compliance is not achieved, I hereby certify that, based on information and belief formed after reasonable inquiry, the air contaminant source identified in this form is in compliance with all applicable requirements.

Signed	Date
Typed Name	

SECTION J - FLEXIBLE PERMITS (GENERAL INFORMATION)

Complete the following information for each alternative scenario to be employed at the facility.

Alternative Operating Scenarios

Emissions Unit(s)_____

Alternative scenario identifier_____

Standard industrial classification code associated with this scenario_____

List all processes and products associated with the scenario:

Process	Products

Describe the alternative operating scenario below:

SECTION K - FLEXIBLE PERMITS - (ALTERNATIVE COMPLIANCE METHOD)

Please describe the alternative compliance methods associated with any flexible permitting options requested by the source for each alternative scenario.

Emissions Unit_____ Alternative Scenario Identifier_____

Alternative compliance method type: [e.g., emiss. standard, monitoring, recordkeeping]

_____

What is the alternative compliance method based upon? (Check one):

Applicable requirement_____ Gap-filling requirement_____

Alternative Applicable Requirements

Generally describe the applicable requirement [e.g., SIP requirement, NESHAP, NSPS)

_____

Cite the applicable requirement (CFR or State Adm. Code for SIP)_____

Generally describe the compliance terms required by the applicable requirement [e.g., monitoring, recordkeeping, and reporting]_____

Applicable emission standard_____._____ Units_____

Alternative Reference Test Method

Reference Test Method Description_____

Reference Test Method Citation_____

Alternative Monitoring

Monitoring Device Type (stack test, CEM, parameter monitoring, ambient):_____

Monitor Location Description_____

Regulated Air Pollutant Being Monitored_____

Generally describe the frequency and duration of sampling and how the data will be reported? (ex: every 15 minutes, 1-minute instantaneous readings are taken to produce an hourly average)

_____

Alternative Recordkeeping

Data (Parameter) Being Recorded_____

Frequency of Recordkeeping (how often data recorded)_____

Alternative Reporting

Generally describe what is reported_____

Frequency of Reporting_____ Beginning Date _____/_____/_____

SECTION L - MINOR PERMIT MODIFICATION

This section must be completed if the source is requesting a minor permit modification in accordance with Subsection 33-15-14-06.e. of the North Dakota Air Pollution Control Rules. In addition to completing this section, the source's suggested draft permit and completed forms for the Department to use to notify the administrator of the U.S. EPA and affected states must be attached.

Affected Source Unit(s):

_____

Description of the Proposed Change:

_____

_____

_____

Applicable Requirements:

_____

_____

_____

Net Effect on Source Emissions:

_____

_____

_____

Does the proposed modification meet the criteria specified in Subparagraph 33-15-14-06.e.(1)(a) of the North Dakota Air Pollution Control Rules for use of minor permit modification procedures?

Yes _____ No _____

Are you requesting that minor permit modification procedures be used?

Yes _____ No _____